

**36th Annual Scientific Meeting
Singapore Orthopaedic Association
8 – 12 October 2013, Singapore**

REGISTRATION FORM

36th ASM Secretariat
Citystate Conference & Exhibition (S) Pte Ltd
11 Keppel Road, ABI Plaza, #09-01, Singapore 089057
Tel: +65 6389 7835 Fax: +65 6372 1793
Email: secretariat@soa.org.sg

REGISTRATION DETAILS

Participant

(√) Please tick accordingly

Prof Dr Mr Ms

Family Name _____ Given Name _____

Designation _____ Department _____

Institution _____

Address _____

Postal Code _____ Country _____

Email _____ Facsimile _____

Telephone No. _____ (office) _____ (mobile)

REGISTRATION FEES

Category	Early Registration till 13 September 2013	Standard & On-site Registration from 14 September 2013
SOA Member (Full & Senior)	<input type="checkbox"/> S\$700.00	<input type="checkbox"/> S\$850.00
SOA Member (Associate)	<input type="checkbox"/> S\$500.00	<input type="checkbox"/> S\$650.00
Non SOA Member	<input type="checkbox"/> S\$800.00	<input type="checkbox"/> S\$950.00
*Trainee / Nurse / Physiotherapist	<input type="checkbox"/> S\$500.00	<input type="checkbox"/> S\$650.00
Workshop 1 – Advanced Knee Arthroscopy & Reconstruction (8 October 2013)	<input type="checkbox"/> S\$1,500.00 <small>(inclusive of entrance to main meeting)</small>	<input type="checkbox"/> S\$1,600.00 <small>(inclusive of entrance to main meeting)</small>
Workshop 2 – Advanced Shoulder Arthroscopy & Reconstruction (9 October 2013)	<input type="checkbox"/> S\$1,500.00 <small>(inclusive of entrance to main meeting)</small>	<input type="checkbox"/> S\$1,600.00 <small>(inclusive of entrance to main meeting)</small>

*A certified letter from the institution is required for overseas trainees.

HOTEL BOOKING

Hotel <u>Meeting Venue</u>	Category	Room Rate (Single) <i>Inclusive of buffet breakfast</i>	Room Rate (Twin/Double) <i>Inclusive of buffet breakfast</i>	No. of rooms Required
Four Seasons Hotel	5*	S\$495.00 nett	S\$530.00 nett	

Room reservations are confirmed with a **ONE night non-refundable deposit** make payable to “Singapore Orthopaedic Association” followed by balance payment on and before **10 September 2013**.

Cancellation / No Show Policy

- A cancellation charge equivalent to one night room charge is levied in the event of cancellation for each confirmed reservation.
- Any cancellation made on or after **31 August 2013** is subject to **FULL CANCELLATION CHARGE** based on **FULL LENGTH OF STAY** as per original room reservation request.
- In the event of early departure or no show, the **FULL LENGTH OF STAY** based on original reservation at the time of booking is levied.
- Any refund, if any must be settled within 7 days after event closed.

Complete Details in Full		
Name of Guest: _____		
Arrival Date: _____	Flight No: _____	Arrival Time: _____
Departure Date: _____	Flight No: _____	Departure Time: _____

PAYMENT

() **Cheque** no. _____ Bank: _____
 for S\$ _____ being payment of registration fee.
 Cheque should be made payable to **“Singapore Orthopaedic Association”**.

() **Credit Card**

VISA MASTERCARD AMERICAN EXPRESS

Credit Card Number _____

Name of Cardholder: _____

Amount paid in Singapore Dollars via Credit Card: _____

Expiry Date: _____ (dd-mm-yy) CVV Code: _____

Citystate Conference & Exhibition acts on behalf of the 36th ASM, SOA to handle all fee collections.
All credit cards charges will be made through the merchant name “Citystate Travel”

Date: _____ Signature: _____